

USDA Rural Development
Farm Bill Section 9006
Renewable Energy Systems and Energy Efficiency Improvements Program

Applicant:
Oliver McBride

Project Title:
McBride Wind

Project:
Install 5 kW wind turbine on McBride Farm

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Project Summary

This project, entitled McBride Wind, seeks to alleviate some of the McBride Farm's high-energy costs by installing a 5 kW wind turbine system. On average, the turbine system should replace up to 90% of the annual energy demand of an essential maintenance shed located on the farm. The estimated annual energy output is projected annually at 9,663 kWh. The turbine system will be connected to the grid and a letter of intent for an interconnection agreement with Western Utility Services has been obtained.

Wind, a renewable energy source that generates no air emissions, water effluents, or other waste materials, was chosen as the renewable energy source due to availability of resources in Southeastern Colorado. The proposed project location, Tobe, Colorado, rates as a Class III wind site.

The project will be installed on McBride Farm, which has been in the family for over 35 years. Oliver McBride, owner and operator of the farm, has no plans to sell the farm in the foreseeable future and fully expects to own and control the proposed project for the period required to pay off the debt incurred by the system.

Oliver McBride, once trained by the system installer on the operations and maintenance of the small wind system, will be responsible for the operations and maintenance of the turbine system up to the eventual system decommissioning. Henry Leary of Wind Works serves as the system installer for this project. The equipment suppliers, Jakon Turbines, MGH Inverters, and XYZ Batteries are responsible for supplying Mr. Leary with engineered, tested equipment that meets applicable local, state, and federal codes.

The implementation of this project hinges upon receiving a grant in the amount of \$6,750 from the USDA's *Renewable Energy Systems and Energy Efficiency Improvements Program*. That being said, the timeframe for the completed installation of the system is approximately three months from the date Mr. McBride signs the grant agreement and the funds are obligated. This timeframe includes ordering and receiving equipment, construction, and start up and shakedown of the system. The goal for an operational date is no later than December 31, 2005.

Eligibility

McBride Farms exists as an eligible applicant based on the following reasons:

- McBride Farms operates as an agricultural producer engaged in the production of beans, corn, and wheat.
- The sole owner of McBride Farms is a citizen of the United States.
- The applicant demonstrates financial need.

Agricultural producer/small business information

Farm Operation:

Oliver McBride functions as the sole owner of McBride Farms. Oliver's two sons, Collin and Nicholas McBride, assist with daily operations and maintenance of the farm. McBride Farms exists as a sole proprietorship.

No parent, subsidiary or affiliate organizations involved with McBride Farms affect this project.

McBride Farms produces corn, wheat, and beans.

Management:

Oliver McBride, once trained by the system installer on the operations and maintenance of the small wind system, will be responsible for the operations and maintenance of the turbine system up to the eventual system decommissioning.

Oliver McBride has farmed successfully for over 20 years. Over this period he has developed and honed the skills necessary for operations and maintenance of the wind turbine system. These skills, typical of the farmer skill set include familiarity and facility with both mechanical and electrical systems.

Financial Information:

Although the balance sheet enclosed reflects a substantial balance in the checking account, the balance has remained stagnant over the past year. This indicates the lack of profit for 2004 crop production. Contingent upon securing the grant, Mountain State Financial Services has provided a firm funding commitment for the remaining 75% of the total project costs.

McBride Farms
Balance Sheet
As of December 31, 2004

ASSETS

Current Assets

Checking and Savings

Tobe Bank (checking) 200,000

Total Checking/Savings 200,000

Other Current Assets

Grain Inventory 100,000

Land Contract 100,000

Combine Loan 35,000

Total Other Current Assets 235,000

Total Current Assets 435,000

Fixed Assets

Land 1,000,000

Rental House & Improvements 25,000

Machinery/Equipment/Vehicles 1,000,000

Buildings 500,000

Allowance for Depreciation (1,000,000)

Total Fixed Assets 1,525,000

TOTAL ASSETS 1,960,000

LIABILITIES & EQUITY

Long Term Liabilities

0

Total Long Term Liabilities 1,597,000

Total Liabilities 0

Equity

Common Stock 90,000

Retained Earnings 86,500

Net Income 186,500

TOTAL LIABILITIES AND EQUITY 1,960,000

**McBride Farms
Profit and Loss
January to December 2004**

Income	
Corn Sold	200,000
Beans Sold	150,000
Wheat Sold	20,000
Cash Rent	10,000
Government Payments	20,000
Total Income	400,000
Gross Profit	
Expense	
Fertilizer	65,000
Chemicals	14,000
Fuel, Gas, Oil	6,000
Irrigation and Drying	57,000
Seed	38,000
Spraying	9,500
Taxes	20,000
Utilities	4,000
Total Expense	213,500
Net Income	186,500

**Forecast of Profit and Loss Statement
McBride Farms
2006, 2007, 2008**

INCOME:	2006	2007	2008
Corn Sales	220,000	270,000	320,000
Bean Sales	150,000	165,000	180,000
Wheat Sales	20,000	21,000	22,000
Cash Rent	10,000	10,000	10,000
Government Payments	30,000	35,000	40,000
Total Income	430,000	501,000	572,000
EXPENSES:			
Fertilizer	70,000	75,000	80,000
Chemicals	15,000	17,000	19,000
Fuel, Gas, Oil	6,500	7,000	7,500
Irrigation and Drying	60,000	62,000	65,000
Seed	40,000	42,000	44,000
Spraying	10,000	10,000	10,000
Turbine Loan	5,000	5,000	5,000
Taxes	23,000	25,000	27,000
Utilities	4,000	3,200	3,200
Total Expenses	233,500	246,200	260,700
NET INCOME	196,500	254,800	311,300

Assumptions for Forecast of Profit and Loss

- The price of commodities will remain higher than in past years, corn will remain approximately at \$2.50, beans at \$6.25, and wheat at \$3.50
- Government payments will rise based on changes in federal agricultural programs
- Rental income will remain constant
- Farm expenses will continue to rise from year to year
- Depreciation on wind turbine at 5% per year

Label

(See instructions on page 16.)

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign (See page 16.)

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For the year Jan. 1–Dec. 31, 2004, or other tax year beginning

, 2004, ending , 20

OMB No. 1545-0074

Your first name and initial

Oliver

Last name

McBride

Your social security number

111 : 33 : 4444

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see page 16.

123 Blaine Street, Lot 32

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.

Tobe, CO, 88990

Important!

You must enter your SSN(s) above.

Note. Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want \$3 to go to this fund? . . . ▶

You

Spouse

☐ Yes ☐ No☐ Yes ☐ No

Filing Status

Check only one box.

1 ☒ Single2 ☐ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶4 ☐ Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶5 ☐ Qualifying widow(er) with dependent child (see page 17)

Exemptions

If more than four dependents, see page 18.

6a ☐ Yourself. If someone can claim you as a dependent, do not check box 6ab ☐ Spouse

c Dependents:

(1) First name Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ if qualifying child for child tax credit (see page 18)

Boxes checked on 6a and 6b

No. of children on 6c who:

• lived with you

• did not live with you due to divorce or separation (see page 18)

Dependents on 6c not entered above

Add numbers on lines above ▶

d Total number of exemptions claimed

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 19.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends (see page 20)

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20)

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

16a Pensions and annuities

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

21 Other income. List type and amount (see page 24)

22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶

23 Educator expenses (see page 26)

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

25 IRA deduction (see page 26)

26 Student loan interest deduction (see page 28)

27 Tuition and fees deduction (see page 29)

28 Health savings account deduction. Attach Form 8889

29 Moving expenses. Attach Form 3903

30 One-half of self-employment tax. Attach Schedule SE

31 Self-employed health insurance deduction (see page 30)

32 Self-employed SEP, SIMPLE, and qualified plans

33 Penalty on early withdrawal of savings

34a Alimony paid b Recipient's SSN ▶

35 Add lines 23 through 34a

36 Subtract line 35 from line 22. This is your adjusted gross income ▶

Adjusted Gross Income

7

8a

8b

9a

9b

10

11

12

13

14

15a

15b

16a

16b

17

18

19

20a

20b

21

22

23

24

25

26

27

28

29

30

31

32

33

34a

35

36

XXX

XXX

XXX

XXX

XXX

Tax and Credits**Standard Deduction for—**

• People who checked any box on line 38a or 38b or who can be claimed as a dependent, see page 31.

• All others:

Single or Married filing separately, \$4,850

Married filing jointly or Qualifying widow(er), \$9,700

Head of household, \$7,150

37	Amount from line 36 (adjusted gross income)	37	XXXXXXX
38a	Check <input type="checkbox"/> You were born before January 2, 1940, <input type="checkbox"/> Blind. Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1940, <input type="checkbox"/> Blind. checked ▶ 38a <input type="checkbox"/>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here ▶ 38b <input type="checkbox"/>		
39	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	39	
40	Subtract line 39 from line 37	40	
41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet on page 33	41	
42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42	
43	Tax (see page 33). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	43	
44	Alternative minimum tax (see page 35). Attach Form 6251	44	
45	Add lines 43 and 44	45	
46	Foreign tax credit. Attach Form 1116 if required	46	
47	Credit for child and dependent care expenses. Attach Form 2441	47	
48	Credit for the elderly or the disabled. Attach Schedule R	48	
49	Education credits. Attach Form 8863	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see page 37)	51	
52	Adoption credit. Attach Form 8839	52	
53	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	53	
54	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	54	
55	Add lines 46 through 54. These are your total credits	55	
56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56	XXXX
57	Self-employment tax. Attach Schedule SE	57	
58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60	Advance earned income credit payments from Form(s) W-2	60	
61	Household employment taxes. Attach Schedule H	61	
62	Add lines 56 through 61. This is your total tax	62	XXXX
63	Federal income tax withheld from Forms W-2 and 1099	63	
64	2004 estimated tax payments and amount applied from 2003 return	64	
65a	Earned income credit (EIC)	65a	
b	Nontaxable combat pay election ▶ 65b		
66	Excess social security and tier 1 RRTA tax withheld (see page 54)	66	
67	Additional child tax credit. Attach Form 8812	67	
68	Amount paid with request for extension to file (see page 54)	68	
69	Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	69	
70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments	70	
71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid	71	
72a	Amount of line 71 you want refunded to you	72a	XXXX
b	Routing number		
c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number		
73	Amount of line 71 you want applied to your 2005 estimated tax	73	
74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55	74	
75	Estimated tax penalty (see page 55)	75	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 56)? ☐ Yes. Complete the following. ☐ No

Designee's name Phone no. () Personal identification number (PIN)

Sign Here

Joint return? See page 17. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number ()
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature Date Check if self-employed ☐ Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code EIN Phone no. ()

Label

(See instructions on page 16.)

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign (See page 16.)

For the year Jan. 1–Dec. 31, 2004, or other tax year beginning		OMB No. 1545-0074
Your first name and initial Oliver	Last name McBride	Your social security number 111 33 4444
If a joint return, spouse's first name and initial Last name		Spouse's social security number
Home address (number and street). If you have a P.O. box, see page 16. 123 Blaine Street, Lot 32		<p>▲ Important! ▲</p> <p>You must enter your SSN(s) above.</p>
City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. Tobe, CO, 88990		

Note. Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? ☐ Yes ☐ No ☐ Yes ☐ No

Filing Status

Check only one box.

- 1 ☒ Single
 2 ☐ Married filing jointly (even if only one had income)
 3 ☐ Married filing separately. Enter spouse's SSN above and full name here. **▶**
 4 ☐ Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. **▶**
 5 ☐ Qualifying widow(er) with dependent child (see page 17)

Exemptions

If more than four dependents, see page 18.

6a <input type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a				Boxes checked on 6a and 6b
b <input type="checkbox"/> Spouse				No. of children on 6c who:
c Dependents:				• lived with you
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	• did not live with you due to divorce or separation (see page 18)
			(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see page 18)	Dependents on 6c not entered above
d Total number of exemptions claimed				Add numbers on lines above ▶ 0

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 19.

Enclose, but do not attach, any payment. Also, please use **Form 1040-V**.

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	XXX
8a Taxable interest. Attach Schedule B if required	8a	XXX
b Tax-exempt interest. Do not include on line 8a	8b	
9a Ordinary dividends. Attach Schedule B if required	9a	XXX
b Qualified dividends (see page 20)	9b	
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20)	10	
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	XXX
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions	15a	
b Taxable amount (see page 22)	15b	
16a Pensions and annuities	16a	
b Taxable amount (see page 22)	16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	XXX
19 Unemployment compensation	19	
20a Social security benefits	20a	
b Taxable amount (see page 24)	20b	
21 Other income. List type and amount (see page 24)	21	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	

Adjusted Gross Income

23 Educator expenses (see page 26)	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25 IRA deduction (see page 26)	25	
26 Student loan interest deduction (see page 28)	26	
27 Tuition and fees deduction (see page 29)	27	
28 Health savings account deduction. Attach Form 8889	28	
29 Moving expenses. Attach Form 3903	29	
30 One-half of self-employment tax. Attach Schedule SE	30	
31 Self-employed health insurance deduction (see page 30)	31	
32 Self-employed SEP, SIMPLE, and qualified plans	32	
33 Penalty on early withdrawal of savings	33	
34a Alimony paid b Recipient's SSN ▶	34a	
35 Add lines 23 through 34a	35	XXXXXXX
36 Subtract line 35 from line 22. This is your adjusted gross income ▶	36	

Tax and Credits**Standard Deduction for—**

• People who checked any box on line 38a or 38b or who can be claimed as a dependent, see page 31.

• All others:

Single or Married filing separately, \$4,850

Married filing jointly or Qualifying widow(er), \$9,700

Head of household, \$7,150

37	Amount from line 36 (adjusted gross income)	37	XXXXXXX
38a	Check <input type="checkbox"/> You were born before January 2, 1940, <input type="checkbox"/> Blind. Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1940, <input type="checkbox"/> Blind. checked <input type="checkbox"/> 38a <input type="checkbox"/> 38b		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here <input type="checkbox"/> 38b		
39	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	39	
40	Subtract line 39 from line 37	40	
41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet on page 33	41	
42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42	
43	Tax (see page 33). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	43	
44	Alternative minimum tax (see page 35). Attach Form 6251	44	
45	Add lines 43 and 44	45	
46	Foreign tax credit. Attach Form 1116 if required	46	
47	Credit for child and dependent care expenses. Attach Form 2441	47	
48	Credit for the elderly or the disabled. Attach Schedule R	48	
49	Education credits. Attach Form 8863	49	
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54	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	54	
55	Add lines 46 through 54. These are your total credits	55	
56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56	XXXX
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58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60	Advance earned income credit payments from Form(s) W-2	60	
61	Household employment taxes. Attach Schedule H	61	
62	Add lines 56 through 61. This is your total tax	62	XXXX
63	Federal income tax withheld from Forms W-2 and 1099	63	
64	2004 estimated tax payments and amount applied from 2003 return	64	
65a	Earned income credit (EIC)	65a	
b	Nontaxable combat pay election <input type="checkbox"/> 65b		
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67	Additional child tax credit. Attach Form 8812	67	
68	Amount paid with request for extension to file (see page 54)	68	
69	Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	69	
70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments	70	
71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid	71	
72a	Amount of line 71 you want refunded to you	72a	XXXX
b	Routing number		
c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number		
73	Amount of line 71 you want applied to your 2005 estimated tax	73	
74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55	74	
75	Estimated tax penalty (see page 55)	75	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 56)? ☐ Yes. Complete the following. ☐ No

Designee's name _____ Phone no. _____ () _____ Personal identification number (PIN) _____

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____ Date _____ Your occupation _____ Daytime phone number _____ () _____

Spouse's signature. If a joint return, both must sign. _____ Date _____ Spouse's occupation _____

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed ☐ Preparer's SSN or PTIN _____
Firm's name (or yours if self-employed), address, and ZIP code _____ EIN _____ Phone no. _____ () _____

Form 1040 (2004)

33	Penalty on early withdrawal of savings	33	
34a	Alimony paid b Recipient's SSN	34a	
35	Add lines 23 through 34a	35	
36	Subtract line 35 from line 22. This is your adjusted gross income	36	XXXXXXX

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 75.

Cat. No. 11320B

Form 1040C

Form **1040**

Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return**2002**

99) IRS Use Only—Do not write or staple in this space.

Label

(See instructions on page 16.)

Use the IRS label. Otherwise, please print or type.**Presidential Election Campaign** (See page 16.)L
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For the year Jan. 1–Dec. 31, 2004, or other tax year beginning

, 20

OMB No. 1545-0074

Your first name and initial

Oliver

Last name

McBride

Your social security number

111 33 4444

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see page 16.

123 Blaine Street, Lot 32

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.

Tobe, CO, 88990**Important!**You **must** enter your SSN(s) above.**Note.** Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want \$3 to go to this fund? . . . ▶

You

Spouse

☐ Yes ☐ No☐ Yes ☐ No**Filing Status**

Check only one box.

1 ☒ Single2 ☐ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶4 ☐ Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶5 ☐ Qualifying widow(er) with dependent child (see page 17)**Exemptions**6a ☐ **Yourself.** If someone can claim you as a dependent, do not check box 6ab ☐ **Spouse**c **Dependents:**

(1) First name Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ If qualifying child for child tax credit (see page 18)

Boxes checked on 6a and 6b

No. of children on 6c who:

• lived with you

• did not live with you due to divorce or separation (see page 18)

Dependents on 6c not entered above

Add numbers on lines above ▶

d Total number of exemptions claimed

Income**Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.**

If you did not get a W-2, see page 19.

Enclose, but do not attach, any payment. Also, please use **Form 1040-V.**

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a **Taxable** interest. Attach Schedule B if requiredb **Tax-exempt** interest. Do not include on line 8a 8b

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends (see page 20) 9b

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20)

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐

14 Other gains or (losses). Attach Form 4797

15a IRA distributions 15a

b Taxable amount (see page 22)

16a Pensions and annuities 16a

b Taxable amount (see page 22)

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits 20a

b Taxable amount (see page 24)

21 Other income. List type and amount (see page 24)

22 Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶**Adjusted Gross Income**

23 Educator expenses (see page 26) 23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

25 IRA deduction (see page 26) 25

26 Student loan interest deduction (see page 28) 26

27 Tuition and fees deduction (see page 29) 27

28 Health savings account deduction. Attach Form 8889 28

29 Moving expenses. Attach Form 3903 29

30 One-half of self-employment tax. Attach Schedule SE 30

31 Self-employed health insurance deduction (see page 30) 31

32 Self-employed SEP, SIMPLE, and qualified plans 32

33 Penalty on early withdrawal of savings 33

34a Alimony paid b Recipient's SSN ▶ 34a

35 Add lines 23 through 34a 35

36 Subtract line 35 from line 22. This is your **adjusted gross income** ▶

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 75.

Cat. No. 11320B

Form **1040**

Tax and Credits**Standard Deduction for—**

• People who checked any box on line 38a or 38b or who can be claimed as a dependent, see page 31.

• All others:

Single or Married filing separately, \$4,850

Married filing jointly or Qualifying widow(er), \$9,700

Head of household, \$7,150

37	Amount from line 36 (adjusted gross income)	37	XXXXXX
38a	Check <input type="checkbox"/> You were born before January 2, 1940, <input type="checkbox"/> Blind. Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1940, <input type="checkbox"/> Blind. checked ▶ 38a <input type="checkbox"/>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here ▶ 38b <input type="checkbox"/>		
39	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	39	
40	Subtract line 39 from line 37	40	
41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet on page 33	41	
42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42	
43	Tax (see page 33). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	43	
44	Alternative minimum tax (see page 35). Attach Form 6251	44	
45	Add lines 43 and 44	45	
46	Foreign tax credit. Attach Form 1116 if required	46	
47	Credit for child and dependent care expenses. Attach Form 2441	47	
48	Credit for the elderly or the disabled. Attach Schedule R	48	
49	Education credits. Attach Form 8863	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see page 37)	51	
52	Adoption credit. Attach Form 8839	52	
53	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	53	
54	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	54	
55	Add lines 46 through 54. These are your total credits	55	
56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56	XXXX
57	Self-employment tax. Attach Schedule SE	57	
58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60	Advance earned income credit payments from Form(s) W-2	60	
61	Household employment taxes. Attach Schedule H	61	
62	Add lines 56 through 61. This is your total tax	62	XXXX
63	Federal income tax withheld from Forms W-2 and 1099	63	
64	2004 estimated tax payments and amount applied from 2003 return	64	
65a	Earned income credit (EIC)	65a	
b	Nontaxable combat pay election ▶ 65b		
66	Excess social security and tier 1 RRTA tax withheld (see page 54)	66	
67	Additional child tax credit. Attach Form 8812	67	
68	Amount paid with request for extension to file (see page 54)	68	
69	Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	69	
70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments	70	
71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid	71	
72a	Amount of line 71 you want refunded to you	72a	XXXX
b	Routing number		
c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number		
73	Amount of line 71 you want applied to your 2005 estimated tax	73	
74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55	74	
75	Estimated tax penalty (see page 55)	75	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 56)? ☐ Yes. Complete the following. ☐ No

Designee's name Phone no. () Personal identification number (PIN)

Sign Here

Joint return? See page 17. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number ()
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature Date Check if self-employed ☐ Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code EIN Phone no. ()

Production information for renewable energy system

Commercial availability

The technology to be employed is commercially available. Jakon Turbines has been in business for over 15 years. Specifically, the 5x Titan has been successfully installed and utilized throughout the national as well as international community.

Materials and labor are readily available. Equipment is expected to arrive 40 days after initial order. At the time of order, labor is secured.

Business market information for renewable energy system

In regards to this system, we have discussed and have received a letter of intent for a Power Purchase Agreement (PPA) from Western Utility Services.

Market niche

In 2004, the state of Colorado established a Renewable Portfolio Standard (RPS). It is the intention of Mr. McBride to contribute to this RPS with the installation of a 5kW turbines system. Besides that, the system is not critical to the market.

A Dun and Bradstreet Universal Numbering System (DUNS)

XX-XXXXXXX

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Oliver M. McBride dba McBride Farms		Organizational Unit: Department: Sole Proprietor	
Organizational DUNS: xx-xxxxxxx		Division:	
Address: Street: 123 Blaine Street, Lot 34		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Oliver	
City: Tobe		Middle Name: Murray	
County: Las Animas		Last Name: McBride	
State: CO	Zip Code: 88990	Suffix:	
Country: United States of America		Email: omcbride@provider.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 00-1111110		Phone Number (give area code) (222) 333-444	Fax Number (give area code) (222) 888-9999
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) M - Profit Organization Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-775		9. NAME OF FEDERAL AGENCY: USDA - Rural Business Cooperative Services	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Tobe, Las Animas County, Colorado		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: McBride Wind: purchase and install 5kW wind turbine on farm	
13. PROPOSED PROJECT Start Date: 10/01/06 Ending Date: 12/31/06		14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 5000 b. Project District 5000	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 6,750	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$ 20,250	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 27,000		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix	First Name Oliver	Middle Name Murray	
Last Name McBride	Suffix		
b. Title Owner	c. Telephone Number (give area code) (222) 33-4444		
d. Signature of Authorized Representative	e. Date Signed		

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

BUDGET INFORMATION - Construction Programs

NOTE: Certain Federal assistance programs require additional computations to arrive at the Federal share of project costs eligible for participation. If such is the case, you will be notified.

COST CLASSIFICATION	a. Total Cost	b. Costs Not Allowable for Participation	c. Total Allowable Costs (Columns a-b)
1. Administrative and legal expenses	\$ 30 .00	\$.00	\$ 30 .00
2. Land, structures, rights-of-way, appraisals, etc.	\$.00	\$.00	\$ 0 .00
3. Relocation expenses and payments	\$.00	\$.00	\$ 0 .00
4. Architectural and engineering fees	\$ 4,000 .00	\$.00	\$ 4,000 .00
5. Other architectural and engineering fees	\$ 200 .00	\$.00	\$ 200 .00
6. Project inspection fees	\$.00	\$.00	\$ 0 .00
7. Site work	\$ 200 .00	\$.00	\$ 200 .00
8. Demolition and removal	\$.00	\$.00	\$ 0 .00
9. Construction	\$ 700 .00	\$.00	\$ 700 .00
10. Equipment	\$ 20,600 .00	\$.00	\$ 20,600 .00
11. Miscellaneous	\$ 1,000 .00	\$.00	\$ 1,000 .00
12. SUBTOTAL (sum of lines 1-11)	\$ 26,730 .00	\$ 0.00	\$ 26,730 .00
13. Contingencies	\$.00	\$.00	\$ 0 .00
14. SUBTOTAL	\$ 26,730 .00	\$ 0.00	\$ 26,530 .00
15. Project (program) income	\$.00	\$.00	\$ 0 .00
16. TOTAL PROJECT COSTS (subtract #15 from #14)	\$ 26,730 .00	\$ 0.00	\$ 26,530 .00
FEDERAL FUNDING			
17. Federal assistance requested, calculate as follows: (Consult Federal agency for Federal percentage share.) Enter the resulting Federal share.			\$ 6,633 .00

To autocalculate, press TAB key after entering percent. These instructions will not print.

ASSURANCES - CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0042), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the Awarding Agency. Further, certain Federal assistance awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the assistance; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will not dispose of, modify the use of, or change the terms of the real property title, or other interest in the site and facilities without permission and instructions from the awarding agency. Will record the Federal interest in the title of real property in accordance with awarding agency directives and will include a covenant in the title of real property acquired in whole or in part with Federal assistance funds to assure non-discrimination during the useful life of the project.
4. Will comply with the requirements of the assistance awarding agency with regard to the drafting, review and approval of construction plans and specifications.
5. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans and specifications and will furnish progress reports and such other information as may be required by the assistance awarding agency or State.
6. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
7. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
8. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
9. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
10. Will comply with all Federal statutes relating to non-discrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681 1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

11. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal and federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
12. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
13. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333) regarding labor standards for federally-assisted construction subagreements.
14. Will comply with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
15. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
16. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
17. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
19. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL		TITLE	
<i>Oliver McBride</i>		Owner	
APPLICANT ORGANIZATION		DATE SUBMITTED	
McBride Farm		February 25, 2005	

SF-424D (Rev. 7-97) Back

UNITED STATES DEPARTMENT OF AGRICULTURE
CERTIFICATION REGARDING
DRUG-FREE WORKPLACE REQUIREMENTS (GRANTS)
ALTERNATIVE I - FOR GRANTEEES OTHER THAN INDIVIDUALS

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), 7 CFR Part 3017, Subpart F, Section 3017.600, Purpose. The January 31, 1989, regulations were amended and published as Part II of the May 25, 1990 **Federal Register** (pages 21681-21691). Copies of the regulations may be obtained by contacting the Department of Agriculture agency offering the grant.

(Before completing Certification, read instructions on page 2)

Alternative I

A. The grantee certifies that it will or will continue to provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about --
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted --
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, State, zip code)

123 Blaine Street, Lott 34

Tobe CO 88990

Las Animas County

Check ☐ If there are workplaces on file that are not identified here.

McBride Farm

Organization Name

Award Number or Project Name

Oliver McBride, Owner
Name and Title of Authorized Representative
Oliver McBride 3/26/2005

Signature

Date

U.S. DEPARTMENT OF AGRICULTURE

**Certification Regarding Debarment, Suspension, Ineligibility
and Voluntary Exclusion - Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 7 CFR Part 3017, Section 3017.510, Participants' responsibilities. The regulations were published as Part IV of the January 30, 1989, Federal Register (pages 4722-4733). Copies of the regulations may be obtained by contacting the Department of Agriculture agency with which this transaction originated.

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

McBride Farm

Organization Name

PR/Award Number or Project Name

Oliver McBride, Owner

Name(s) and Title(s) of Authorized Representative(s)

Oliver McBride

3/31/2005

Signature(s)

Date

Form AD-1048 (1/92)

U.S. DEPARTMENT OF AGRICULTURE

**Certification Regarding Debarment, Suspension, and Other
Responsibility Matters - Primary Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 7 CFR Part 3017, Section 3017.510, Participants' responsibilities. The regulations were published as Part IV of the January 30, 1989 Federal Register (pages 4722-4733). Copies of the regulations may be obtained by contacting the Department of Agriculture agency offering the proposed covered transaction.

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) have not within a three-year period preceding this proposal been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

McBride Farms

McBride Wind

Organization Name

PR/Award Number or Project Name

Oliver McBride/Owner

Name(s) and Title(s) of Authorized Representative(s)

Oliver McBride
Signature(s)

Date

Form AD-1047 (1/92)

EQUAL OPPORTUNITY AGREEMENT

March 25, 2005

This agreement, dated _____ between
Oliver McBride

(herein called "Recipient" whether one or more) and United States Department of Agriculture (USDA), pursuant to the rules and regulations of the Secretary of Labor (herein called the "Secretary") issued under the authority of Executive Order 11246 as amended, witnesseth:

In consideration of financial assistance (whether by a loan, grant, loan guaranty, or other form of financial assistance) made or to be made by the USDA to Recipient, Recipient hereby agrees, if the cash cost of construction work performed by Recipient or a construction contract financed with such financial assistance exceeds \$10,000 - unless exempted by rules, regulations or orders of the Secretary of Labor issued pursuant to section 204 of Executive Order 11246 of September 24, 1965.

1. To incorporate or cause to be incorporated into any contract for construction work, or modification thereof, subject to the relevant rules, regulations, and orders of the Secretary or of any prior authority that remain in effect, which is paid for in whole or in part with the aid of such financial assistance, the following "Equal Opportunity Clause":

During the performance of this contract, the contractor agrees as follows:

- (a) The contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex or national origin. The contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex, or national origin. Such action shall include, but not be limited, to the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the USDA setting forth the provisions of this nondiscrimination clause.
- (b) The contractor will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex or national origin.
- (c) The contractor will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the USDA, advising the said labor union or workers' representative of the contractor's commitments under this agreement and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
- (d) The contractor will comply with all provisions of Executive Order 11246 of September 24, 1965, and of all rules, regulations and relevant orders of the Secretary of Labor.
- (e) The contractor will furnish all information and reports required by Executive Order 11246 of September 24, 1965, rules, regulations, and orders, or pursuant thereto, and will permit access to his books, records, and accounts by the USDA Civil Rights Office, and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.
- (f) In the event of the contractor's noncompliance with the nondiscrimination clauses of this contract or with any of the said rules, regulations, or orders, this contract may be cancelled, terminated, or suspended in whole or in part and the contractor may be declared ineligible for further Government contracts or federally assisted construction contracts in accordance with procedures authorized in Executive Order No. 11246 of September 24, 1965, and such other sanctions may be imposed and remedies invoked as provided in Executive Order No. 11246 of September 24, 1965, or by rule, regulation or order of the Secretary of Labor, or as otherwise provided by Law.
- (g) The contractor will include the provisions of paragraph 1 and paragraph (a) through (g) in every subcontract or purchase order, unless exempted by the rules, regulations, or orders of the Secretary of Labor issued pursuant to Section 204 of Executive Order No. 11246 of September 24, 1965, so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action with respect to any subcontract or purchase order as the USDA may direct as a means of enforcing such provisions, including sanctions for noncompliance: Provided, however, that in the event the contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the USDA, the contractor may request the United States to enter into such litigation to protect the interest of the United States.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collections is 0575-0018. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Position 6

RD 400-1 (Rev. 5-00)

2. To be bound by the above equal opportunity clause with respect to its own employment practices when it participates in federally assisted construction work: Provided, that if the organization so participating is a State or local government, the above equal opportunity clause is not applicable to any agency, instrumentality or subdivision of such government which does not participate in work on or under the contract.
3. To notify all prospective contractors to file the required 'Compliance Statement', Form RD 400-6, with their bids.
4. Form AD-425, Instructions to Contractors, will accompany the notice of award of the contract. Bid conditions for all nonexempt federal and federally assisted construction contracts require inclusion of the appropriate "Hometown" or "Imposed" plan affirmative action and equal employment opportunity requirements. All bidders must comply with the bid conditions contained in the invitation to be considered responsible bidders and hence eligible for the award.
5. To assist and cooperate actively with USDA and the Secretary in obtaining the compliance of contractors and subcontractors with the equal opportunity clause and the rules, regulations, and relevant orders of the Secretary, that it will furnish USDA and the Secretary such information such as, but not limited to, Form AD 560, Certification of Nonsegregated Facilities, to submit the Monthly Employment Utilization Report, Form CC-257, as they may require for the supervision of such compliance, and that it will otherwise assist USDA in the discharge of USDA's primary responsibility for securing compliance.
6. To refrain from entering into any contract or contract modification subject to Executive Order 11246 of September 24, 1965, with a contractor debarred from, or who has not demonstrated eligibility for, Government contracts and federally assisted construction contracts pursuant to the Executive Order and will carry out such sanctions and penalties for violation of the equal opportunity clause as may be imposed upon contractors and subcontractors by USDA or the Secretary of Labor pursuant to Part II, Subpart D, of the Executive Order.
7. That if the recipient fails or refuses to comply with these undertakings, the USDA may take any or all of the following actions: Cancel, terminate, or suspend in whole or in part this grant (contract, loan, insurance, guarantee); refrain from extending any further assistance to the organization under the program with respect to which the failure or refund occurred until satisfactory assurance of future compliance has been received from such organization; and refer the case to the Department of Justice for appropriate legal proceedings.

Signed by the Recipient on the date first written above.

Oliver McBride

Recipient

Recipient

(CORPORATE SEAL)

Name of Corporate Recipient

Attest:

By _____
President

Secretary

USDA
Form RD 400-4
(Rev. 3-97)

ASSURANCE AGREEMENT
(Under Title VI, Civil Rights Act of 1964)

FORM APPROVED
OMB No. 0575-0018

The Oliver McBride

(name of recipient)

123 Blaine Street, Lot 34, Tobe, CO, Las Animas County

(address)

("Recipient" herein) hereby assures the U. S. Department of Agriculture that Recipient is in compliance with and will continue to comply with Title VI of the Civil Rights Act of 1964 (42 USC 2000d et. seq.), 7 CFR Part 15, and Rural Housing Service, Rural Business-Cooperative Service, Rural Utilities Service, or the Farm Service Agency, (hereafter known as the "Agency") regulations promulgated thereunder, 7 C.F.R. §1901.202. In accordance with that Act and the regulations referred to above, Recipient agrees that in connection with any program or activity for which Recipient receives Federal financial assistance (as such term is defined in 7 C.F.R. §14.2) no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination.

1. Recipient agrees that any transfer of any aided facility, other than personal property, by sale, lease or other conveyance of contract, shall be, and shall be made expressly, subject to the obligations of this agreement and transferee's assumption thereof.
2. Recipient shall:
 - (a) Keep such records and submit to the Government such timely, complete, and accurate information as the Government may determine to be necessary to ascertain our/my compliance with this agreement and the regulations.
 - (b) Permit access by authorized employees of the Agency or the U.S. Department of Agriculture during normal business hours to such books, records, accounts and other sources of information and its facilities as may be pertinent to ascertaining such compliance.
 - (c) Make available to users, participants, beneficiaries and other interested persons such information regarding the provisions of this agreement and the regulations, and in such manner as the Agency or the U.S. Department of Agriculture finds necessary to inform such persons of the protection assured them against discrimination.
3. The obligations of this agreement shall continue:
 - (a) As to any real property, including any structure, acquired or improved with the aid of the Federal financial assistance, so long as such real property is used for the purpose for which the Federal financial assistance is made or for another purpose which affords similar services or benefits, or for as long as the Recipient retains ownership or possession of the property, whichever is longer.
 - (b) As to any personal property acquired or improved with the aid of the Federal financial assistance, so long as Recipient retains ownership or possession of the property.
 - (c) As to any other aided facility or activity, until the last advance of funds under the loan or grant has been made.
4. Upon any breach or violation this agreement the Government may, at its option:
 - (a) Terminate or refuse to render or continue financial assistance for the aid of the property, facility, project, service or activity.
 - (b) Enforce this agreement by suit for specific performance or by any other available remedy under the laws of the United States or the State in which the breach or violation occurs.

Rights and remedies provided for under this agreement shall be cumulative.

Oliver McBride

In witness whereof, _____ on this
(name of recipient)

date has caused this agreement to be executed by its duly authorized officers and its seal affixed hereto, or, if a natural person, has hereunto executed this agreement.

Oliver McBride

(SEAL)

March 26, 2005

Recipient

Date

Attest: _____
Title

Owner

Title

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0570-0018. The time required to complete this information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

REQUEST FOR ENVIRONMENTAL INFORMATION

Name of Project
McBRIDE WIND
Location
Tobe, CO LAS ANIMAS
County

- Item 1a. Has a Federal, State, or Local Environmental Impact Statement or Analysis been prepared for this project?
☐ Yes ☒ No ☐ Copy attached as EXHIBIT I-A.
1b. If "No," provide the information requested in Instructions as EXHIBIT I.
- Item 2. The State Historic Preservation Officer (SHPO) has been provided a detailed project description and has been requested to submit comments to the appropriate Rural Development Office. ☐ Yes ☒ No Date description submitted to SHPO _____
- Item 3. Are any of the following land uses or environmental resources either to be affected by the proposal or located within or adjacent to the project site(s)? (Check appropriate box for every item of the following checklist).

	Yes	No	Unknown		Yes	No	Unknown
1. Industrial	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. Dunes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Commercial	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. Estuary	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Residential	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Wetlands	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Agricultural	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Floodplain	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Grazing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. Wilderness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Mining, Quarrying	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(designated or proposed under the Wilderness Act)			
7. Forests	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. Wild or Scenic River	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Recreational	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(proposed or designated under the Wild and Scenic Rivers Act)			
9. Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. Historical, Archeological Sites	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Parks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(Listed on the National Register of Historic Places or which may be eligible for listing)			
11. Hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	26. Critical Habitats	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Schools	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(endangered/threatened species)			
13. Open spaces	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. Wildlife	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Aquifer Recharge Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. Air Quality	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Steep Slopes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	29. Solid Waste Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Wildlife Refuge	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30. Energy Supplies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Shoreline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. Natural Landmark	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. Beaches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(Listed on National Registry of Natural Landmarks)			
				32. Coastal Barrier Resources System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- Item 4. Are any facilities under your ownership, lease, or supervision to be utilized in the accomplishment of this project, either listed or under consideration for listing on the Environmental Protection Agency's List of Violating Facilities? ☐ Yes ☒ No

3/26/2005
(Date)

Signed: Oliver McBride
(Applicant)

OWNER
(Title)

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0094. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.



Mountain State Financial Services

February 25, 2005

To Whom It May Concern:

This letter serves as a letter of intent from Mountain State Financial Services to provide financing in an amount no greater than \$21,000 for the purchase of a wind generator to the client, McBride Farms (Oliver McBride), of Tobe, Colorado. This letter is not a commitment by Mountain State Financial Services to finance this project.

Loan approval is contingent on McBride Farms (Oliver McBride) securing the necessary federal grant (USDA Section 9006 of the Security and Rural Investment Act) involved in this project.

Sincerely,

Murphy Banker

Murphy Banker
Sr. Business Analyst
Mountain State Financial Services



Western Utility Services

February 25, 2005

Oliver McBride
123 Blaine Street, Lot 34
Tobe, CO 88990

RE:: Intent for an interconnection agreement (5 kW wind turbine)

Dear Mr. McBride:

From our conversations, I understand you are applying for a federal grant from Section 9006 of the Security and Rural Investment Act (Farm Bill) administered by the United States Department of Agriculture, Rural Development Office. Previously, I referred you to our rates on the Internet, specifically the Time of Day Purchase Service, Rate Code XX30.

As we discussed, these are the conditions under which Western Utility Services can and will consider purchasing energy from you. These criteria must be met prior to negotiating a power purchase agreement (PPA).

Western Utility Services looks forward to working with you in the future. Please feel free to contact me as (333) 756-4598 with any questions or concerns.

Sincerely,

Mollie Utility

Mollie Utility
Manager
Renewable Energy Purchases

Small Wind **SAMPLE** Application -- Technical Portion

Section A: Applicant Information

First Name: Oliver M.I. M Last Name: McBride
Company/Organization Name (if applicable): _____
Installation Address: 123 Blaine Street, Lot 34
City: Tobe State: CO County: Las Animas Zip: 88990

Section B: Qualifications of Project Team

Installer Company or Organization Name: Wind Works
Contact Name: Henry Leary, PE Position: Senior System Installer
Daytime Phone: (222) 333-9999 Fax: (222) 333-9900 Email: hleary@windworks.com
Mailing Address: 75 South Street, Suite 300
City: Trinidad State: CO Zip: 88877
Social Security Number/Federal Tax ID Number: 666-58-9999
Last three relevant manufacturer workshops attended: Southern Turbines (2004), Jakon Turbines (2003)
Smith Turbines (2000)
Years of Relevant Experience: 13 years and over 85 turbines installed, (65% Jakon Turbines)
Wind Turbine Manufacturer: Jakon Turbines
Daytime Phone: (222) 233-9999 Fax: (222) 233-8888 Email: info@jakon.com
Mailing Address: 450 Smith Road
City: Champagne State: IL Zip: 66666
Years of Relevant Experience: 15 years experience with turbines rated at <10 kW
Inverter Manufacturer: MGH Inverters
Daytime Phone: (999) 555-9999 Fax: (999) 777-9999 Email: info@mghinverters.com
Mailing Address: 555 Walker Street
City: Santa Barbara State: CA Zip: 99999
Years of Relevant Experience: 25 years
Battery Manufacturer: XYZ Batteries
Daytime Phone: (799) 233-1111 Fax: (799) 233-0000 Email: askus@xyzbatteries.com
Mailing Address: 78 Pine Street
City: Columbus State: OH Zip: 99887
Years of Relevant Experience: 30 years experience with modified forklift batteries
System Owner/Maintainer/Operator: Oliver McBride
Contact Name: Oliver McBride Position: Farmer
Daytime Phone: (222) 333-4444 Fax: (222) 555-4444 Email: omcbride@provider.com
Mailing Address: 123 Blaine Street, Lot 34
City: Tobe State: CO Zip: 88990
Years of Relevant Experience: 20 years running and managing farm

Small Wind **SAMPLE** Application -- Technical Portion

Section C: Agreements and Permits

Discuss applicable local and state zoning and siting requirements. Demonstrate how this project meets these requirements and codes:

In the state of Colorado, in our rural area, and in areas that are zoned for agriculture, for structures under 70 ft, no permits beyond a standard building permit are required as there exists a "use by right". While it is recognized that in some areas a special use permit is required, that is not the case in our specific area. The proposed project will require a building permit and the proposed turbine site meets all necessary setbacks from property lines, indicating that there should be no issues in securing a building permit.
All electrical facilities will be installed in conformance with applicable electrical codes.
A copy of the letter of intent to purchase power from the wind turbine, by our local utility is attached.

If project involves utility grid connection, attach a copy of interconnection agreement. List utility involved below:

Western Utility Services

Identify applicable environmental issues, including environmental comppliance and siting issues, associated with the project:

In accordance with NEPA, the farmer will work with their state environmental coordinator, the Fish and Wildlife Service, and the State Historic Preservation Officer to identify potential environmental concerns.
The turbine site is located 400 ft from the nearest property line. Issues such as noise and line of sight obstruction have been addressed with neighbors. The nearest tree and/or building is at least 800ft from the turbine site.
The nearest airport is 10 miles away and the tower is under 200ft in height, therefore no lighting is expected to be required. For these reasons, siting issues are not expected to arise.

Section D: Resource Assessment

Wind Turbine Location: Tobe, Colorado, Las Animas County

Latitude: 37.21 N Longitude: 103.42 W Elevation: 5500 feet

Average annual wind speed at hub height: 5.4 m/s (mph or m/s)

Estimated Annual Energy Output: 9636kWh

Attach the following supporting documentation:

1. One page site map. Document must indicate location of wind turbines, structures or trees in area, inverter batteries (if any), lockable disconnect switch, and point of connection with the utility system. The installation address and the installer's name and telephone number must also be included on site map.
2. Site photos. Preferred method is to take a series of photographs from the proposed turbine location. Rotate 360 degrees clockwise taking pictures every 45 degrees.
3. Annual average wind speed (documentation and source data)
4. Estimated Annual Energy Output (attach documentation and methodology)

Small Wind **SAMPLE** Application -- Technical Portion

Section E: Design and Engineering

Turbine

Wind Turbine Manufacturer: Jakon Turbines Turbine Model: 5x Titan
 Wind Turbine Rated Power: 5 kW at 24 mph (10.75 m/s)
 Wind Turbine Peak Power: 6kW at 30 mph
 Wind Turbine Output Voltage: 48V
 Number of Turbines: 1
 Total Wind System Output: 5 kW (No. Turbines x Power Output Rating)
 Turbine rotor hub height: 65 ft (20 m) (ft or m) Turbine rotor diameter: 16 ft. (4.9 m) (ft or m)

Inverter

Inverter Manufacturer: MGH Inverters Inverter Model: X4-250
 Inverter's Continuous AC Rating: 6 kW Number of Inverters: 1
 Total Inverter Output: 6 kW (Inverter Continuous AC Rating x Number of Inverters)
 Inverter's Peak Efficiency: 94% (Refer to manufacturer's peak efficiency rating)
 Inverter Location: x Indoor Outdoor Location: 150 ft south of turbine, maintenance shed
 Utility-Accessible AC Disconnect Switch Location: on exterior of North wall of maintenance shed

Battery

Battery Model: Z40-XXX
 Battery Voltage: 6 V per battery Volts 375 Ah Amp-hour Rating (20 hour rate)
 Number of Strings: 2
 DC Bus Voltage: 48 Volts
 Turbine Controller Model (if applicable): Powerflo
 Diversion Load Power Rating (if applicable): 7 kW Watts

System Type and Mode of Operation: (check applicable)

- ☐ Utility interactive (parallel/capable of backfeeding the meter)
☒ Utility interactive with battery backup (capable of backfeeding the meter)
☐ Dedicated circuit, utility power as backup (transfer switch)
☐ Dedicated circuit, battery charging, utility power as backup (transfer switch)
☐ Stand-alone (system confined to an independent circuit, no utility backup)
☐ Stand-alone with battery backup (system confined to an independent circuit, no utility backup)
☐ One-line electrical schematic

Application/Turbine Use: Fill Out Applicable Category

Utility Grid Connection Yes ☒ No ☐

Off the Utility Grid

AC System Yes ☐ No ☐

DC System Yes ☐ No ☐

Alternative energy source

PV Yes ☐ No ☐

Microhydro Yes ☐ No ☐

Water pumping: Mechanical: ☐ Electrical: ☐

Pump Make and Model: _____ New ☐ Used ☐

Well Depth: _____ (feet or meters)

Expected Flow Rate: _____ (gal/min or liter/min)

Small Wind **SAMPLE** Application -- Technical Portion

Section F: Project Development Schedule

Month	1				2				3			
Week	1	2	3	4	5	6	7	8	9	10	11	12
Equipment is ordered												
Equipment arrives												
Construction												
Startup and Shakedown												

Section G: Financial Feasibility

Please provide costs of project components listed below

Turbine:	\$ 9,000.00
Tower:	\$ 3,000.00
Foundation:	\$ 700.00
Inverter:	\$ 4,250.00
Batteries:	\$ 4,350.00
Pumps:	
Site Preparation:	\$ 200.00
Fee/Permits:	\$ 30.00
Electrician:	\$ 200.00
Installer:	\$ 4,000.00
Other Project Costs:	\$ 1,000.00
Total:	\$ 26,730.00

Description: _____

Section H: Equipment Procurement

Is the proposed equipment for this project commercially available? Yes ☒ No ☐

Provide a brief description on how the system equipment is being obtained including lead times and scheduling issues.

All of the small wind systems components are "off-the-shelf" components. Therefore, no unique procurement issues exist. Lead times on the wind turbine and the wind turbine tower are expected not to exceed 40 days. Other items are expected to arrive within two weeks after the orders are placed. All equipment that arrives prior to the installation will be stored in the maintenance shed. Electrical components that interface with the utility grid are UL and ETL certified. The wind turbine is not UL certified but, according to the manufacturer, has undergone rigorous safety and function testing at a national laboratory.

Section I: Equipment Installation

Attach a narrative detailing the management of and the plan for site development and system installation, include details regarding the scheduling of major installation equipment, including cranes and other devices needed for project construction. Also include a description of the startup and shakedown specifications and processes, for both individual equipment components as well as the system as a whole.

(Typical responses to the Equipment Installation section are approximately one page in length)

Small Wind **SAMPLE** Application -- Technical Portion

Section J: Operations and Maintenance

Does system have a minimum warranty of five years? Yes ☒ No ☐

Identify available component warranties for specific project location and size, briefly describe system warranty and availability of parts.

Jakon Turbines provides a standard system warranty of five years. During the initial standard 1 to 5 year warranty period, defective parts will be replaced at the expense of the manufacturer.

Describe routine operations and maintenance requirements of proposed system.

The farmer will need to perform turbine maintenance for the long-term safe operation of the turbine system. Initially, after the first 30 days and periodically thereafter (every six months or following sever weather) he will need to confirm that critical fasteners are still tightened to within torque specifications (such as blade, tail vane, turbine mounting, and a sample of tower bolts) and that the tail hinge pin is secure. Also, the tower wiring will be checked for secure attachment to the tower, grounding connection will be inspected for tightness and signs of corrosion, surge arrestors will be inspected, and other tower mounted electrical connections will be checked for firmness. Finally, the turbine will be observed for any visible and audible signs of vibration or other indications of abnormal operation or wear that warrant a more thorough inspection.

Provide historical or engineering information that supports expected design life of system and timing of major component replacement or rebuilds.

The system installer will conduct any future repairs that require removal of any major components of the wind turbine. These repairs are likely to include blade leading edge tape, slip ring brush, or bearing replacement after 10 to 15 years. These types of repairs do not require the services of a crane or any other special equipment.

For owner maintained systems, briefly describe any unique knowledge, skills, or abilities needed for service operations or maintenance:

Most of these inspection elements will not require any skills not currently in the farmer skill set. For those inspection tasks that require tower climbing, the farmer will be trained by the system installer on the proper equipment required for safe climbing techniques.

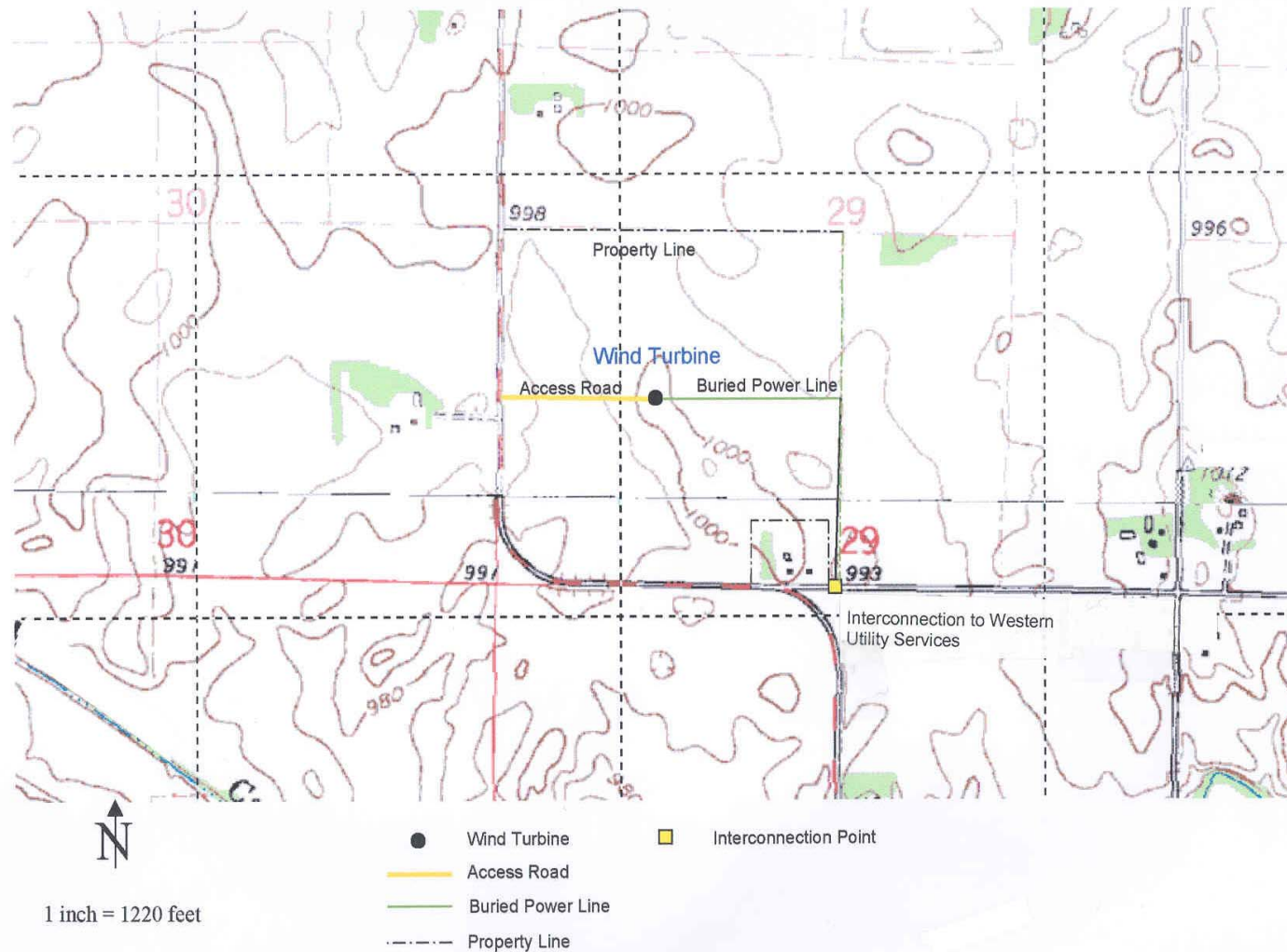
Section K: Decommissioning

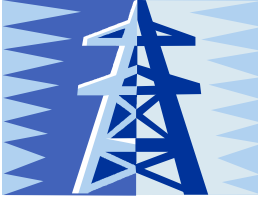
Expected life of wind turbine: 20 years Expected life of tower: 50 years
Expected life of battery: 5 to 10 years

Briefly describe the decommissioning process, address plans to replace or recycle dated equipment:

At the close of the useful life of the wind turbine, the wind turbine will be replaced with a new unit. The tower has an expected life that far exceeds that of the wind turbine and is expected to serve as a platform for subsequent turbines. If, after the useful life of the wind turbine no turbine is planned for replacement, the tower will be pulled down and recycled.
In regards to the batteries, when the initial set is exhausted a new replacement set will be installed. The original set will then be recycled. At the end of the useful life of the system, the final set of batteries will be recycled. Any balance of system components remaining after the project will be recycled, and the concrete pad will be abandoned in place.

Site Map – McBride Wind
123 Blaine Street, Lot 34
Tobe, Colorado, Las Animas County





Western Utility Services

February 25, 2005

Oliver McBride
123 Blaine Street, Lott 34
Murphy, CO 88990

RE:: Intent for an interconnection agreement (5 kW wind turbine)

Dear Mr. McBride:

From our conversations, I understand you are applying for a federal grant from Section 9006 of the Security and Rural Investment Act (Farm Bill) administered by the United States Department of Agriculture, Rural Development Office. Previously, I referred you to our rates on the Internet, specifically the Time of Day Purchase Service, Rate Code XX30.

As we discussed, these are the conditions under which Western Utility Services can and will consider purchasing energy from you. These criteria must be met prior to negotiating a power purchase agreement (PPA).

Western Utility Services looks forward to working with you in the future. Please feel free to contact me as (333) 756-4598 with any questions or concerns.

Sincerely,

Mollie Utility

Mollie Utility
Manager
Renewable Energy Purchases

Section I Attachment: Equipment Installation

The system installer is responsible for all aspects of the installation with the exception of the electrical wiring. This includes excavation of the turbine tower site, construction of the tower pad, assembly and erection of the turbine tower, placement and preliminary wiring of the batteries, placement of the wind turbine controller and the inverter, and placement of balance of systems components (breaker panels, disconnects). The installer will provide all necessary equipment including backhoes and will schedule the erection crane. Wiring of the turbine itself (to the turbine disconnect on the base of the tower) will be also be conducted by the system installer. A licensed electrician will install final electrical wiring of the system.

Equipment Installation Sequence

1. Order wind turbine, lattice tower, inverter, batteries, and balance of system components. Schedule small erection crane, installer schedules installation crew
2. Towards the latter half of the month, all components arrive
3. Once all components are on-site, the wind turbine installer and his crew construct the wind turbine system.

Day 1: Excavation begins at pad location and the trench between the wind turbine pad and the maintenance shed. Lattice tower assembly begins on the ground in 3 sections.

Day 2: The concrete pad rebar is installed and the cables between the wind turbine pad and the maintenance shed are installed (in the conduit). Towards the end of day 2, the concrete for the pad is poured. Assembly of the three lattice tower sections is complete.

Day 3: The batteries are unpacked, placed in the spill containment tray in a ventilated portion of the maintenance shed and the battery bank interconnection cables are installed. The inverter, wind turbine charge controller, "critical loads" sub-panel, battery, wind turbine charge controller, and inverter disconnects are mounted on the interior wall of the maintenance shed.

Day 6: After curing for 3 days, the pad is expected to be near 90% strength and ready for the tower and turbine. Erection crane arrives and the 3 tower sections are joined. The completed tower is raised enough to allow assembly and mounting of the wind turbine and lowered onto a secure cradle during turbine assembly. The turbine is assembled and mounted on the tower, including blades and tail. Turbine tower wiring is completed to the wind turbine disconnect and the turbine is placed in an electrically braked state. Finally, the completed tower and turbine are raised, and bolted to the tower base. The tower and wind turbine disconnect are then electrically grounded to the tower ground rod.

Day 7: The electrical contractor completes wiring of the system. Weather permitting (winds need to be present); the system installer performs the system commissioning (startup and shakedown).

4. One month after installation, or after the first high winds, the turbine is checked again for unusual vibration and critical fasteners (turbine mounting bolts, blade bolts, tail pin, tail vane bolts, tower bolts) for proper torque.

Startup and Shakedown:

The system installer will provide a comprehensive list of test points and expected values but has provided the following information for the purposes of the grant application:

1. All DC polarities are checked prior to connecting DC components
2. Batteries are connected to the common DC bus
3. Inverter is connected to the common DC bus
4. Inverter is connected to the AC grid via the dedicated inverter breaker
5. Inverter is connected to "critical" loads
6. Wind turbine controller is connected to the common DC bus
7. When sufficient winds are present, wind turbine is released from "park" state and allowed to come to operational speed
8. Wind turbine and tower are checked for unusual vibration

Test points and expected values:

Description of weather conditions: _____cloudy, mild breeze_____

Wind speed: _____5.4 _ m/s, Wind Direction: _____NW_____

Battery Voltage: ____48__ V

Turbine Amps: _____375_ A

Turbine Voltage: _xx_ V

Section D Attachment: Resource Assessment
Estimated Annual Energy Output

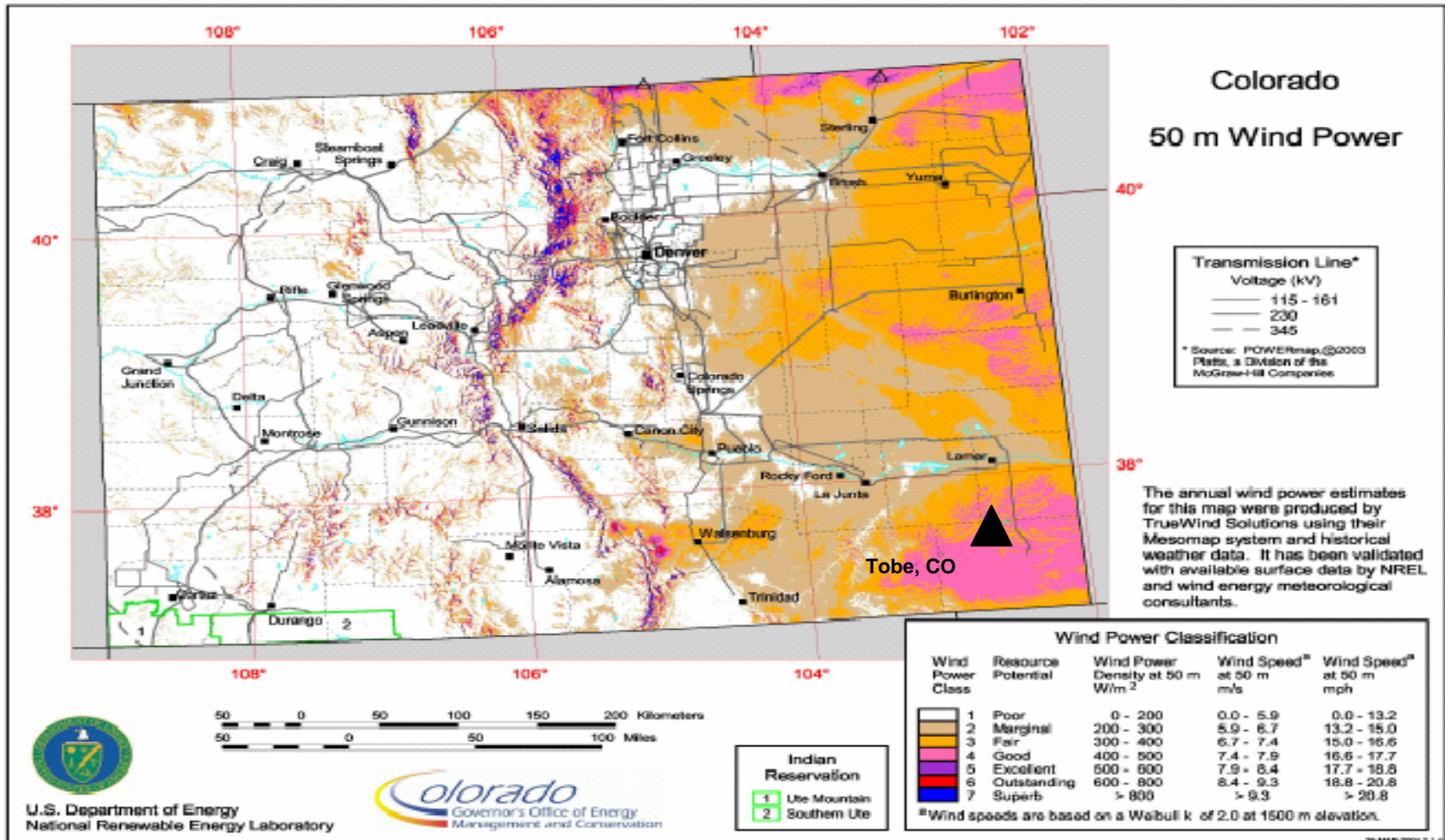
Source: National Wind Technology Center

	kWh	% Annual Production
Jan	735	0.07
Feb	779	0.08
Mar	868	0.09
Apr	1087	0.11
May	996	0.10
Jun	890	0.09
Jul	727	0.07
Aug	701	0.07
Sep	735	0.07
Oct	732	0.07
Nov	785	0.08
Dec	895	0.09

5x SWWP H40s

Average Wind Speed (m/s)
@ 50 meters 7.1 Class III
@25 meters 6.2 hub height

Section D Attachment: Resource Assessment
Annual Average Wind Speed
Source: Department of Energy, Wind Powering America



Evaluation Criteria

(Applicants must individually address the evaluation criteria.)

Project Name: McBride Wind

Applicant: Oliver McBride

(i) Quantity of energy produced, replaced, or saved (points may only be awarded for a single category)

(A) Energy Replacement.

The RE system is intended for self-use by the farm.

Energy replacement = estimated quantity of energy to be generated/ energy profile of ag producer (last 12 months)

9,636 kWh per year / 67,452 kWh per year = 14.2% energy replacement

5 points awarded

(B) Energy Generation

Points awarded for “Energy Replacement”

(ii) Environmental Benefits

This proposed RE system contributes to the state of Colorado’s Renewable Portfolio Standard (RPS). The RE goals for this standard are: 3% by 2007; 6% by 2011; 10% by 2015 -- Supporting Documentation provided by the Database of State Incentives for Renewable Energy (DSIRE)

5 points awarded

(iii) Commercial Availability

The proposed system is currently commercially available, replicable, and comes with a 5-year warranty.

10 points awarded

(iv) Technical Merit Score

Note: This part completed during review by technical expert, not the applicant. However, an example of the technical merit scoring mechanics provided at the end of this evaluation criteria.

(v) Readiness

The applicant has a written commitment (contingent upon grant award) confirming 100 percent of the matching funds.

15 points awarded

(vi) Small agricultural producer/very small business

Agricultural producer produces agricultural products with a gross market value of less than \$600,000 (preceding year).

10 points awarded

(vii) Previous grantee and borrowers

The applicant has not been awarded a grant under this program within the previous 2 years.

10 points awarded

(viii) Return on investment

Total Project Cost/Annual Income = Return cost of investment (years)

26,730/1000 = 26.7 years

0 points awarded

Total Score (before Technical Merit):

55 points

Technical Merit Score

Qualifications of project team	8 points awarded
Agreements and Permits	4 points awarded
Energy Resource Assessment	8 points awarded
Design and Engineering	30 points awarded
Project Development	4 points awarded
Financial and Market Assessment	16 points awarded
Equipment Procurement	4 points awarded
Equipment Installation	5 points awarded
Operations and Maintenance	4 points awarded
Dismantling and disposal of project Components	5 points awarded
Technical Merit Total:	88 points
Weighted Score:	88% of 35 = 30.8
	30.8 points awarded

<u>Overall Score:</u> 85.8
